

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
GOVERNMENTAL UNIT DEPOSIT PROTECTION ACT
INSTRUCTIONS FOR THE PREPARATION OF CERTIFICATION STATEMENT

Each certification shall be prepared in triplicate with the original and one copy filed in the office of the Commissioner of Banking and Insurance within 20 days after the six month period or 15 day period, as the case may be. One copy of the certification shall be retained by the public depository for a period of three years. Each public depository shall send its certification to: The Department of Banking and Insurance, Division of Banking, Applications & Corporate Filings, PO Box 040, Trenton, N.J. 08625.

(A) Total Capital Funds means (a) in the case of a State bank or a national bank or a capital stock savings bank or a savings and loan association the aggregate of the capital stock, surplus and undivided profits of the bank. Surplus and undivided profits includes reserve for contingency, reserve for securities and reserve for bad debts as computed for federal income tax purposes, but shall exclude any specifically allocated reserves or reserves for known specific charges; (b) in the case of mutual savings banks the aggregate of the capital deposits, if any, and the surplus of the savings bank. Surplus is interpreted to include undivided profits, any reserve for contingency, reserve for securities and reserve for bad debts as computed for federal income tax purposes, but shall exclude any specifically allocated reserves or reserves for known specific charges; (c) in the case of an association, the aggregate of all reserves required by any law or regulation and the undivided profits, if any, of the association. Undivided profits is interpreted to include reserve for contingency and reserve for bad debts as computed for federal income tax purposes, but shall exclude any specifically allocated reserves or reserves for known specific charges.

NOTE: For purposes of computing Total Capital Funds to be utilized in (A); capital funds of a public depository located in New Jersey which has branches outside New Jersey shall be its total capital funds multiplied by the percentage of deposits located in New Jersey to total deposits of the depository. See N.J.A.C. 3:1-4.5.

(B) Self-explanatory.

(C) The total average daily balance of New Jersey public funds on deposit during the six month period ending on the valuation date or, at the election of the depository, the average balance of New Jersey public funds on deposit on the first, eighth, fifteenth, and twenty-second days of each month in the six month period ending on the valuation date. Check in the space provided, if daily or four day average is used in computations.

(D) Insert the extent in dollars to which New Jersey deposits of governmental units are insured by the FDIC as of the valuation date. However, in no event may D exceed C.

(E) Excess of C over D.

(F) The total average daily balance of New Jersey public funds on deposit during the fifteen day period preceding the valuation date. In addition to being completed at the semiannual valuation date, this section is to be used for required certifications made between semiannual valuation dates. If form is being utilized between semiannual valuation dates, figures reported at C, D, and E should be the same as at the last semiannual valuation date. All other data on the form should reflect current status.

(G) Insert the extent dollars to which New Jersey deposits of governmental units are insured by the FDIC as of the valuation date. However, in no event may G exceed F.

(H) Excess of F over G.

(I) (1) or (2) self-explanatory.

(J) In order for a new Jersey public depository to meet the requirements of the Act, it must have collateral pledged which at market value equals or exceeds the amount reported at (1) or (2). Eligible collateral includes obligations of or guaranteed by the United States, obligations of or guaranteed by the State of New Jersey, obligations of governmental units, including, but not limited to capital notes, bonds anticipation notes, tax anticipation notes or loan bonds, mortgages insured or guaranteed by the United States of America or an instrumentality thereof as to payment of principal and interest as provided in the regulations and any other obligations now or hereafter authorized by law as security for public deposits. Description should include name, par value, rate CUSIP Number and maturity of collateral pledged. Market value should be at the close of the reporting period or in the case of mortgages, student loans etc. as prescribed in the regulation to the Act.

(K) all collateral required to be maintained shall be deposited with the Federal Reserve Bank, the Federal Home Loan Bank of New York, as the case may be, or with any other banking institution in this State or a contiguous state which is a member of the Federal Reserve system and has capital funds of not less than \$25,000,000.00. a listed of approved depositories is on file at the Division of Bankin. Mortgages, student loans, etc. pledged as collateral may be held at the subject bank subject to the provisions outlined in the New Jersey Administrative Code 3:1-4.

(L) Self explanatory.

Certification must be signed by two officers of the public depository, one of whom must be the president or a vice president. The above instructions are merely guidelines for preparation of the Certification Statement. Specific requirements of the Act may be found in Chapter 236, P.L. 1970 as amended and the subsequent regulations issued regarding this Act.

COLLATERAL PLEDGED
(PLEASE USE THE FOLLOWING FORMAT)

| <u>Par Value</u> | <u>Name Description</u> | <u>CUSIP Nmbner</u> | <u>Rate</u> | <u>Maturity</u> | <u>Market Value</u> |
|------------------|-------------------------|---------------------|-------------|-----------------|---------------------|
|------------------|-------------------------|---------------------|-------------|-----------------|---------------------|

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
GOVERNMENTAL UNIT DEPOSIT PROTECTION ACT
CERTIFICATION STATEMENT

From: _____ Date: _____
(Name of Institution)

(Address of Institution) *(Designated GUDPA Officer or Contact Person)*

(Address for sending GUDPA Eligibility Certificate) *(Telephone Number)*

We certify that the following information regarding New Jersey public funds on deposit and collateral pledged to secure such deposits as required under the Governmental Unit Deposit Protection Act is true and correct to the best of our knowledge.

(Round to Nearest Thousand)

| | | | | | | |
|-------------------------|-----|-----|------|--|-----|--|
| | Bil | Mil | Thou | | | |
| (A) Total Capital Funds | | | | Allocated pursuant to N.J.A.C. 3:1-4.5 | (A) | |

| | | |
|--|-----|--|
| (B) Maximum allowable in public funds under 5% pledge (75% of A) | (B) | |
|--|-----|--|

Memo Total equity capital and losses deferred pursuant to 12 USC 1823(j) _____

Six Month Period

| | | |
|---|-----|--|
| (C) Total average balance of New Jersey public funds during the six month period ending_____. | (C) | |
| (Daily average used _____ or four day average_____) | | |

| | | |
|---|-----|--|
| (D) Less: New Jersey public funds covered by insurance. | (D) | |
|---|-----|--|

| | | |
|---|-----|--|
| (E) Average New Jersey public funds on deposit in excess of insurance of accounts | (E) | |
|---|-----|--|

Fifteen day Period

| | | |
|---|-----|--|
| (F) Total average balance of N.J. public funds during the fifteen day period preceding the valuation date. (If amended filing: period ending_____) | (F) | |
|---|-----|--|

| | | |
|---|-----|--|
| (G) Less: New Jersey public funds covered by insurance. | (G) | |
|---|-----|--|

| | | |
|---|-----|--|
| (H) Average New Jersey public funds on deposit in excess of insurance of accounts | (H) | |
|---|-----|--|

(I) Total collateral required:
(Complete (1) or (2) as applicable)

(1) If E is greater than zero

5% of E

Plus excess of H over B, if any

| | | | |
|-----|-----|------|-------|
| Bil | Mil | Thou | |
| | | | |
| | | | (I-1) |

(2) If E is Zero

5% of H

Plus excess of H over B, if any

| | | | |
|--|--|--|-------|
| | | | |
| | | | (I-2) |

| | | |
|--|-------|--|
| (J) Total market value of collateral pledged: <i>Individually list collateral on another sheet of paper Value must equal or exceed (I-1) or (I-2)</i> | (J) | |
|--|-------|--|

| | | |
|---------------------------------------|-----|--|
| (K) Where is pledged collateral held? | (K) | |
|---------------------------------------|-----|--|

| | | |
|---|-------|--|
| (L) Gross New Jersey public funds on deposit as of valuation date | (L) | |
|---|-------|--|

(Signature) *(Signature)*

(Name and Title) *(Name and Title)*

Community Reinvestment Act Information

Public Rating_____ Agency_____

Date of Rating: _____

Legend: CRA Rating
0 Not examined
1 Outstanding
2 Satisfactory
3 Needs to improve
4 Substantial noncompliance